



MAINE BOARD OF PHARMACY

Application information to assist in completing your application. This information is not designed to include all information on laws and rules and it is strongly recommended that you review applicable laws and rules.

Pharmacy Technician

(this application applies *only* if you are an employee of a Maine pharmacy)

Do not return the following informational pages with your application; it is for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Note: The office location address may be used for overnight deliveries only. The office address does not accept any type of postal deliveries. You must use the mailing address for all other regular mail deliveries.

Office Direct Line: (207) 624-8620 or Main Receptionist (207) 624-8603
TTY users call Maine relay 711
FAX (207) 624-8666
Web address: www.maine.gov/professionallicensing
Email: pharmacy.lic@maine.gov

APPLICATION INSTRUCTIONS

Faxed submissions of applications and supporting documentation will not be accepted.

Board and Related Laws and Rules. Laws and rules are available online at our website. Following is a suggested list of laws and regulations for you to read and become familiar with. This list may not be inclusive, for more detailed information visit our website at www.maine.gov/professionallicensing

- Maine Pharmacy law 32 MRS, Chapter 117
- Maine Board of Pharmacy rules 02 392 Chapters 1-38
- Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation law 10 MRS. §8001-8003 et al.
- Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation rules 02 041 Chapters 10, 11, and 13

INITIAL EACH PAGE OF YOUR APPLICATION WHERE NOTED. Be sure to initial the bottom of each page where noted on your application. This is critical to ensuring that each page of your application is intact with the correlating application and will help us with expediting your application review. All pages requiring initials must be returned to our office as part of your complete application.

The Maine Board of Pharmacy requires that all supporting documents and fees be submitted with the filing of your application. **Your application may be considered incomplete and will be returned to you if supporting documents and/or fees are omitted.** Documents that have been modified or altered (including the use of any whiteout substance) in any way will not be accepted.

PROCESSING TIME:

- ✓ Your application has greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Please visit our website if you wish to monitor progress. If the status appears as Pending, this means that your application was received by this office and it is pending or under review. Once reviewed and if everything about your application is complete and complies with requirements, the license will be issued and the status will show as ACTIVE. If incomplete and a letter is being sent to you, the letter will be available for you to see online.
- ✓ Please refrain from calling our office to “check” on your application as these calls only serve to slow our ability to review and process applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation’s website www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.
- ✓ Once your license is issued it is immediately visible online with an “active” status. Licenses are printed off site and require at least 14 business days for delivery.

LICENSE RENEWAL

- ✓ The Pharmacy Technician License is subject to be renewed annually on or before the expiration date of December 31. You must certify your employment at time of renewal.

VERIFICATION OF LICENSURE IN ANOTHER STATE OR JURISDICTION

If you hold or have held a professional license in another state or jurisdiction:

Please contact the State or Jurisdiction of licensure to request an official License Verification. At a minimum, the license verification must contain:

- Name of State or Jurisdiction providing the License Verification
- Your name
- License number and expiration date
- Status of your license i.e. active, inactive, lapsed, probation, restricted, suspended, revoked...
- Type of license issued to you
- Date your license was issued
- If appropriate, hours of internship completed with beginning and ending dates
- Method your license was issued i.e. Original State, Reciprocity/Endorsement, Score Transfer
- Examinations taken
- Disciplinary action(s) against your license, if any
- Signature and title of person from the licensing State or Jurisdiction providing License Verification
- State Seal

Please direct the licensing State or Jurisdiction to send the License Verification report to you directly to be submitted with your completed Maine application.

A sample license verification form is available on the Board's website under "applications and forms."

IMPORTANT: An application submitted without **all of the Verifications of Licensure** from the licensing jurisdiction(s) will not be accepted and your application will be returned as incomplete or denied.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8620 Fax: (207) 624-8666 TTY users call Maine relay 711 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though. Please note under application instructions, we will no longer print licenses effective January 1, 2015.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go when answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign, date and initial all pages where indicated
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION

APPLICANT INFORMATION (please print)

FULL LEGAL NAME *FIRST* *MIDDLE INITIAL* *LAST*

ANY OTHER NAMES EVER USED:

DATE OF BIRTH *mm / dd / yyyy*

SOCIAL SECURITY NUMBER - -

MAILING ADDRESS

CITY STATE ZIP COUNTY

PHONE # () FAX # () E-MAIL

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. Have you ever been convicted by any court of any crime? (circle one) NO YES

If yes, provide a detailed statement, in your own words, describing what happened, including dates. Sign and date the statement. You must obtain and provide a copy of the court judgment and decision with this application.

2. Has any jurisdiction (including Maine) taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES

If yes, provide a detailed statement, in your own words, describing what happened, including dates. Sign and date the statement. You must obtain and provide a copy of the court judgment and decision with this application.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.



SIGNATURE

DATE

**Maine Board of Pharmacy
Pharmacy Technician**

**Required Fees: \$41.00 (Non refundable)
(includes license and criminal record check)**

Office Use Only:

PT 1421 - \$20.00
2619 - \$21.00

Office Use Only:

Check # _____
Amount: _____
Cash # _____
Lic. # _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by MasterCard or Visa, fill out the following:

NAME OF CARDHOLDER (please print name on card)

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my ☐ VISA ☐ MASTERCARD the following amount: \$ _____

☐ **I understand that fees are non-refundable**

Card number:

Expiration Date /



SIGNATURE

DATE

SECTION 1: Including Maine, list below every state or jurisdiction in which you hold or have ever held a professional license. Including but not limited to: pharmacy technician, pharmacy intern or pharmacist license or registration. **Use a separate sheet of paper if additional space is needed.**

State, Territory, Country	License Number & License Type	Date Issued	Expiration Date	Was discipline ever imposed? Yes / No
1.				
2.				
3.				

NOTE: For each of the above, you must submit with this application an official Verification of Licensure from **each** licensing state(s) or jurisdiction(s) (including foreign verifications).

IMPORTANT: Applications submitted without **all of the Verifications of Licensure** from the licensing state(s) or jurisdiction(s) will not be accepted and your application may be returned as incomplete or denied.

SECTION 2: Check appropriate response to the question below.

<p>Have you ever received a sanction from Medicare or from a state Medicaid program?</p> <p>If yes, see below</p> <p>1. <input type="checkbox"/> Medicare <u>OR</u> <input type="checkbox"/> Medicaid Program (State) _____</p> <p>2. Submit a copy of the official action by the entity.</p> <p>3. Provide a detailed explanation in your own words on a separate sheet of paper.</p> <p>Clarification on programs:</p> <ul style="list-style-type: none"> • Medicare – Health program administered by the United States government for people that are (1) ages 65 or older, (2) under the age of 65 with certain disabilities, and/or (3) all ages with end-stage renal disease. • Medicaid – Health program administered by the United States government for people with limited incomes. • MaineCare – Health program administered by the State of Maine with similar eligibility requirements as Medicaid. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
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INITIALS OF APPLICANT

SECTION 3: EMPLOYMENT - THIS SECTION TO BE COMPLETED BY ALL APPLICANTS

Please list all Maine pharmacy locations where you will be or are currently employed as a pharmacy technician. Pursuant to 32 MRS 13702-A (25) employment in a Maine Pharmacy is required to obtain licensure.

1. Name of Pharmacy (Primary place of employment)		Pharmacy Lic#	
Pharmacy Address	City	State	Zip
Pharmacist in Charge		Pharmacist Lic. No.	
Signature of Pharmacist in Charge			
2. Name of Pharmacy		Pharmacy Lic#	
Pharmacy Address	City	State	Zip
Pharmacist in Charge		Pharmacist Lic. No.	
Signature of Pharmacist in Charge			

Use a separate sheet of paper if additional space is needed.

SECTION 4: NOTICES

Please Note:

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

INITIALS OF APPLICANT

SECTION 4: **NOTICES (continued)**

Incomplete Applications

Pursuant to Board Rules Chapter 7 Section 1 (1) all applications that remain incomplete for more than 60 days will be discarded and the pending status of your application will be terminated. Pursuant to Office of Professional and Occupational Regulations Rules Chapter 10 all fees associated with this application are NON REFUNDABLE.


Important information to read about licenses and renewal reminders: ***Effective January 1, 2015***, the Office of Professional and Occupational Regulation will no longer issue paper licenses but will allow licensees to print their licenses from a template as soon as they are notified that their license has either been approved or renewed. Also, ***effective January 1, 2015***, the Office of Professional and Occupational Regulation will no longer issue paper or email renewal reminders to licensees.

INITIALS OF APPLICANT

SECTION 5: APPLICANT'S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application. Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and will be returned. This includes, but not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing required supporting documents, and/or missing or wrong fee.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Maine Board of Pharmacy will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed Name of Applicant	Title
Signature of Applicant	Date
	

Applications that are incomplete, altered (including the use of any whiteout substance), defaced, or compromised will not be accepted and will be returned. This includes, but is not limited to, unanswered questions, lack of appropriate signature/initials, illegible information missing supporting documents, and/or missing or wrong fee.

Before mailing, double check that you have done the following:

- ☐ Application is complete including all signatures and initials are present at the bottom of each page
- ☐ Verification of licenses are attached for each state/jurisdiction you identified (if applicable)
- ☐ Your signed written statement for each criminal conviction(s) reported AND the supporting court records for each of the conviction(s) are attached (if applicable)
- ☐ Copy of the adverse licensing disciplinary action(s) taken by another state or jurisdiction (if applicable)
- ☐ We encourage you to visit our website to access the Laws and Rules related to pharmacy:
<http://www.maine.gov/pfr/professionallicensing/professions/pharmacy/laws.htm>